



Period Poverty for Indigenous Youth: Menstrual Health is a Public Health Crisis

Tampons can cost between <u>\$16 to \$45</u> in remote Indigenous communities which means that some youth use <u>socks</u> instead of tampons in Nunavut while others have to <u>miss school</u> in Saskatchewan. Sustainable alternatives such as menstrual cups and reusable cloth pads are not a convenient option for youth who wish to use them: washing and caring for reusable period products requires clean sanitary water which is not a reality due to <u>34 long term drinking water</u> <u>advisories</u> on reserves including some that have been in place for more than 25 years such as Neskantaga First Nation. This socio-economic barrier, involuntary decision to miss school, lack of safe and effective means of managing menstrual health and violation of the United Nations' recognized human right to water and sanitation negatively impacts on both the physical and mental health of Indigenous youth. But these current parameters are loudly obscured and ignored when making even the smallest ripples towards advocacy of menstrual equity can give rise to seismic change.

This current and pre-existing standpoint is called period poverty which encompasses, but is not limited to, lack of accessibility, affordability, and safety of menstrual products. Period poverty is a <u>social justice</u> issue which is about fair distribution of available resources; access regardless of gender, ethnicity, age; the right to participate in decisions which will change one's life. This public health crisis intersects and is affected by all these factors. While period poverty is prevalent in both developed and developing countries worldwide, this public health issue highlights the different levels of development in Canada, particularly undermining First Nations, and Inuit communities. In fact, this staggering systemic approach to development makes Indigenous peoples in Canada experience the highest levels of poverty: 1 in 4 Indigenous individuals or 25% are living in poverty and 4 in 10 or 40% of Canada's Indigenous youth live in poverty. Where there is poverty, there is period poverty, there is public health crisis. This is because Indigenous youth are forced to use rags, newspaper, toilet paper, cardboard, and adequate access to toilets and to clean water for hygienic menstrual health management is non-existent. At a heightened risk of urogenital infections, period poverty takes a heavy toll on mental health through elevated distress scores, depression, and anxiety. The COVID-19 pandemic has only worsened the existing dire actuality. The First Nations, Metis and Inuit communities have been and are still disproportionately impacted by the pandemic, and they have reported stronger adverse impacts on mental health and financial needs with the roots linked to more persistently longstanding disparities in socio-economic conditions due to colonialism.

I founded the <u>Period Priority Project</u> over the summer to fight period poverty through distribution of menstrual products. When I contacted Indigenous shelters across Labrador and Yukon to confirm shipments of period products, the response was similar: they highlighted the high cost of period products in a climate of increasing cost of living and the lack of accessibility to clean water that makes it inconvenient to manage the proper maintenance of reusable cloth pads or sustainable menstrual products. Through research pushed by these findings, I gathered that the statistics are scattered, and my aim is to try to collect all facts in one document to share to a larger audience because this social injustice and violation of human right is more than a political hiccup- it teaches us that injustice and discrimination is overlooked.

I hope these data encourages the questions: Why are some settings under boiling water advisories in an advanced age of 2022? Why is the United Nations not highlighting this? Why are period products inaccessible if they are intrinsically related to human right? Why are literature reviews scarce for the relationship between Indigenous peoples' menstrual health and their mental health? Why are research findings sparse for period poverty in Indigenous communities? Why is a gap still prevalent and continuously growing between Indigenous and non-Indigenous community development?

The more information we can gather; the more questions we can put forward to have changes implemented. Menstruation is a biological reality for more than half of the global population: all types of period products should be provided for and bleeding with dignity should be made mainstream.